

Prepared By and Return To:
Lender's Title & Escrow, LLC
John W. Haynes, IV, General Counsel
5699 Getwell Road
Building H, Suite 5
Southaven, Mississippi 38672
Phone: 662-536-3155
File Number: 20060528

10/30/06 11:05:57
BK 543 PG 33
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

WARRANTY DEED

DANNIE RICHARDSON ET UX

GRANTORS

TO

ROBERT E. WADDELL

GRANTEE

FOR AND IN CONSIDERATION of the sum of TEN DOLLARS (\$10.00) cash in hand paid and other good and valuable considerations, the receipt of all of which is hereby acknowledged, **DANNIE RICHARDSON AND WIFE, KATHERINE ANN RICHARDSON**, does hereby sell, convey and warrant unto **ROBERT E. WADDELL**, the land lying and being situated in DeSoto County, Mississippi, more particularly described as follows, to-wit:

SEE ATTACHED LEGAL DESCRIPTION


The warranty in this deed is subject to rights of way and easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi and further subject to all applicable building restrictions and restrictive covenants of record.

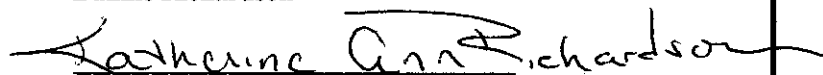
BY WAY OF EXPLANATION Debbie Richardson departed this life on July 6, 2001.

Taxes for the current year have been pro-rated.

Possession is to be given with delivery of Deed.

WITNESS our/my signature(s) this 17th, day of October, 2006.


Dannie Richardson

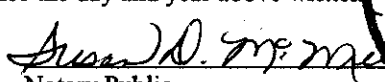

Katherine Ann Richardson

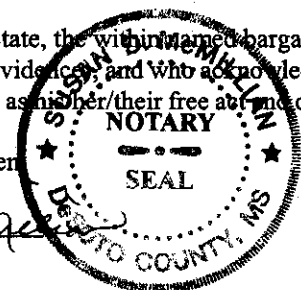
STATE OF MISSISSIPPI
COUNTY OF DESOTO

PERSONALLY appeared before me, a Notary Public of said County and State, the within named bargainer, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that he/she/they executed the foregoing instrument for the purposes therein contained as his/her/their free act and deed.

WITNESS my hand and Notary Seal at office the day and year above written

My Commission Expires: **April 6, 2007**


Notary Public



GRANTORS ADDRESS:
5020 Forest Hills.
Oliver Branch, MS 38654
H) 901-288-8836
B) n/a

GRANTEES ADDRESS:
7441 State Line Rd.
Oliver Branch, MS 38654
H) 662-404-1605
B) n/a

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EXHIBIT A

2.76 acres, more or less, located in the Northeast Quarter of the Northwest Quarter of Section 20, Township 1 South, Range 6 West, City of Olive Branch, DeSoto County, Mississippi, being more particularly described as follows, to-wit:

Beginning at a point in the centerline of Stateline Road, said point being a point 2498.1 feet East of the Northwest corner of Section 20, Township 1 South, Range 6 West, said point being the Northwest corner of the original Roche lot; thence South 0 degrees, 06 minutes West 379.86 feet along the West line of the Roche lot to a point; thence South 84 degrees, 49 minutes West 304.82 feet along the North line of an existing 49.5 acre tract to a point; thence North 1 degree, 22 minutes West 399.11 feet along the East line of the Mineral Wells Methodist Church lot to a point in the centerline of Stateline Road; thence North 88 degrees, 28 minutes East 313.93 feet to the point of beginning and containing 2.76 acres, more or less, and including the right of ways for Stateline Road and Youngblood Road.

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

BK 543 PG 35

SEP 17 2001

TYPE OR PRINT
WITH BLACK INKFILING
DATE

JUL 30 2001

CERTIFICATE OF DEATH

STATE OF MISSISSIPPI

STATE FILE
NUMBER 123-

DECEASED

1. NAME First Middle Last DEBORAH JO SELF RICHARDSON	2. SEX FEMALE	3a. HOUR OF DEATH 9:30p m.	3b. DATE OF DEATH (Month, Day, Year) JULY 6, 2001
4. RACE (Specify White, Black, American Indian, etc.) WHITE	5a. AGE AT LAST BIRTHDAY 46 Years	5b. MOS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY	5c. DAYS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY
5d. HOURS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY	5e. MINS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY	6. DATE OF BIRTH (Month, Day, Year) MAY 23, 1955	7a. COUNTY OF DEATH DESOTO
7b. CITY OR TOWN OF DEATH OLIVE BRANCH	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 7441 STATE LINE ROAD	7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA	8. STATE OF BIRTH TENNESSEE
8. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School, College (0-12) 12 (1-4) 5+	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) DANNIE RICHARDSON	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN	14. SOCIAL SECURITY NUMBER 413-08-5457	15a. USUAL OCCUPATION (Kind of work done, most of working life) HOMEMAKER	15b. KIND OF BUSINESS OR INDUSTRY HOME
16a. RESIDENCE—STATE MISSISSIPPI	16b. COUNTY DESOTO	16c. CITY OR TOWN OLIVE BRANCH	16d. INSIDE CITY LIMITS (Specify Yes or No) YES
16e. STREET AND NUMBER OR RURAL LOCATION 7441 STATE LINE ROAD			

If death occurred in an institution, see HANDBOOK, regarding completion of RESIDENCE items

For RESIDENCE items, enter actual location of home rather than mailing address

PARENTS

17. FATHER—NAME First Middle Last JOHN MICHAEL SELF	18. MOTHER—NAME First Middle Maiden LAURA MAY MITCHELL
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INFORMANT

19a. INFORMANT—NAME (Type or print) DANNIE RICHARDSON	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 7441 STATE LINE ROAD, OLIVE BRANCH, MS 38654
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DISPOSITION

20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	20b. CEMETERY, CREMATORY—NAME M.P. SOUTH WOODS	20c. LOCATION (City and State) MEMPHIS, TN	21a. EMBALMER—SIGNATURE AND NUMBER NANCY LOGGINS 4190
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER MEMORIAL PARK FUNERAL HOME 522	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 5668 POPLAR AVENUE, MEMPHIS, TN 38119		

PRONOUNCEMENT

22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Bill Baldwin, DCMET	22b. PRONOUNCED DEAD (Month, Day, Year) ON July 7, 2001	22c. PRONOUNCED DEAD (Hour) AT 12:45A m.
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CERTIFIER

23a. CERTIFIER—NAME (Type or print) Jeffery Pounders	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Rd. Nesbit, Ms. 38651
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE Jeffery Pounders	24b. DATE SIGNED (Month, Day, Year) July 14, 2001
24c. STATE LICENSE NUMBER MD	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)
24e. On the basis of examining and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE Jeffery Pounders	24f. DATE SIGNED (Month, Day, Year) July 14, 2001

Mississippi State Board of Health
Form No. 511
Revised 1-1-89

CAUSE OF DEATH

25. PART I: DEATH CAUSED BY: (a) Cancer Of Breast, Bone Liver & Spleen (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):	Interval between onset and death
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Had Decedent been Pregnant Within 90 Days Prior to Death?
☐ Yes ☐ No

26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I	27. AUTOPSY (Yes or No) NO	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY m.
29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	29e. LOCATION Street or route number City or town State	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICERJudy Moulder
Judy Moulder
STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.